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Total Number of Pages in This Submission

2

Application Number

10/035,599

Filing Date

10/19/2001

First Named Inventor

Brant Monson

Art Unit

3727

Examiner Name

Maerina W. Brevard

Attorney Docket Number

0633.BMON.PT

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

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Request for Refund

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CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Request for Withdrawal as Attorney or Agent
and Change of Correspondence Address

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

BATEMAN IP LAW GROUP

Signature

[Handwritten Signature]

Printed name

Randall B. Bateman

Date

08/08/2008

Reg. No.

37,774

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Randall B. Bateman

Date

08/08/2008

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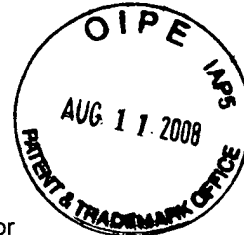
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/035,599
Filing Date	10/19/2001
First Named Inventor	Brant Monson
Art Unit	3727
Examiner Name	Maerina W. Brevard
Attorney Docket Number	0633.BMON.PT

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or
Assignee name Brant Monson

Address 3875 North Cove Drive

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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name Randall B. Bateman

Registration No. 37,774

Address P.O. Box 1319

City Salt Lake City State UT Zip 84110 Country USA

Date 08/07/2008 Telephone No. (801) 533-0320

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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